

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
DIVISION OF PROFESSIONAL REGULATION

TELECOMMUNICATIONS APPLICATION

***** INSTRUCTIONS – PLEASE READ CAREFULLY *****

APPLICATIONS WILL NOT BE REVIEWED BY THE BOARD OF EXAMINATION AND LICENSING OF
TELECOMMUNICATION SYSTEMS CONTRACTORS, TECHNICIANS, AND INSTALLERS IF THE
FOLLOWING DIRECTIONS ARE NOT ADHERED TO

- 1) TWO (2) HEAD AND SHOULDERS PHOTOGRAPHS (PASSPORT TYPE),
TAKEN WITHIN THREE (3) MONTHS PRIOR TO THE DATE OF SUBMISSION
AND MUST BE SUBMITTED WITH YOUR APPLICATION.
- 2) YOUR APPLICATION MUST BE SIGNED AND NOTARIZED.
- 3) APPLICATION FEE OF \$36.00 PER CATEGORY APPLIED FOR IS REQUIRED
TO PROCESS YOUR APPLICATION. **THIS IS A NON-REFUNDABLE
APPLICATION FEE.** CHECK SHOULD BE MADE PAYABLE TO THE
GENERAL TREASURY/STATE OF RHODE ISLAND.
- 4) ALL APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR
“TSC” MUST DEMONSTRATE THEIR ABILITY TO DESIGN
TELECOMMUNICATION SYSTEMS AND VERIFY COMPLETION OF THREE
(3) SATISFACTORY PROJECTS FOR EACH CATEGORY THAT YOU ARE
MAKING APPLICATION FOR, AND VERIFICATION OF THREE (3) YEARS
EXPERIENCE.
LIST CATEGORY/IES: DATA – VIDEO – TELEPHONY - SOUND
- 5) ALL TELECOMMUNICATIONS SYSTEM TECHNICIAN “TST” MUST SHOW
VERIFICATION OF EXPERIENCE.
LIST CATEGORY/IES: DATA – VIDEO – TELEPHONY - SOUND
- 6) ALL TELECOMMUNICATIONS SYSTEM LIMITED INSTALLER “TSLI” MUST
SHOW VERIFICATION OF EXPERIENCE.
- 7) SUBMITTED VERIFICATION MUST BE A NOTARIZED STATEMENT OF
YOUR EXPERIENCE AND MUST BE ON THE COMPANY STATIONERY.

TO EXPEDITE THE APPLICATION APPROVAL – IT IS YOUR
RESPONSIBILITY TO VERIFY EXPERIENCE THAT WILL QUALIFY YOU IN
THE CATEGORY OF LICENSING THAT YOU ARE REQUESTING.
- 8) LICENSES WILL BECOME DUE FOR RENEWAL ANNUALLY UPON THE
BIRTH MONTH OF THE LICENSEE.
- 9) APPLICANTS FOR TELECOMMUNICATIONS SYSTEM CONTRACTOR “TSC”
WHO ARE APPLYING ON BEHALF OF A PARTNERSHIP OR CORPORATION
ARE REQUIRED TO FURNISH INFORMATION IN ADDITION TO THIS FORM.
PLEASE REQUEST THE APPROPRIATE FORMS WHEN APPLYING.

*****TELECOMMUNICATIONS APPLICATION*****

			-			-			
SOCIAL SECURITY NUMBER									

[illegible]

STREET ADDRESS																

																														-								
CITY/TOWN																STATE								ZIP														

			-				-			
TELEPHONE										

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DATE OF BIRTH

[illegible][illegible]

STREET ADDRESS																			

[illegible]

			-			-			
EMPLOYER TELEPHONE									

[illegible][illegible]

TEST FEE PAID, CHECK, CASH, M.O. \$ _____ _____ <div style="text-align: center;">DATE PAID</div>	DIVISION/COMMISSION APPROVAL FOR LICENSE AS: TSC_____ TST_____ TSLI_____ APPRENTICE_____ DATE OF ISSUANCE:_____
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Applicant must answer all questions on the application truthfully, and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum. The statement may be investigated and verified for truthfulness.

- TELECOMMUNICATIONS WORK HISTORY -

- 1) TELECOMMUNICATION SYSTEM CONTRACTOR – “TSC” (YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA ☐ VIDEO ☐ TELEPHONY ☐ SOUND ☐

VERIFICATION OF THREE (3) COMPLETED PROJECTS FOR EACH CATEGORY APPLIED FOR, MUST BE ATTACHED TO THIS APPLICATION.

ALSO – VERIFICATION OF THREE (3) YEARS EXPERIENCE MUST BE ATTACHED TO THIS APPLICATION.

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- 2) TELECOMMUNICATION SYSTEMS TECHNICIAN – “TST” (YOU MUST STATE CATEGORY(S) YOU ARE APPLYING FOR)

DATA ☐ VIDEO ☐ TELEPHONY ☐ SOUND ☐

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

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- 3) TELECOMMUNICATION SYSTEMS LIMITED INSTALLER – “TSLI”

TSLI ☐

VERIFICATION OF EXPERIENCE IN THE INSTALLATION OF TELECOMMUNICATIONS SYSTEMS MUST BE ATTACHED TO THIS APPLICATION.

- 4) APPRENTICE: MUST HAVE A NOTARIZED LETTER FROM A RHODE ISLAND LICENSED TELECOMMUNICATIONS SYSTEMS CONTRACTOR, STATING THAT HE/SHE IS EMPLOYED BY SAID TELECOMMUNICATIONS SYSTEMS CONTRACTOR. THIS LETTER MUST BE ON THE COMPANY’S STATIONERY.

APPRENTICE ☐

EDUCATION

Verification of education/schooling that you have received in any/all related areas of telecommunications.

SCHOOL/LOCATION	FROM/TO	DEGREE/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PLEASE LIST VALID LICENSE(S) YOU CURRENTLY HOLD WITH THIS DIVISION, AND, IF APPLICABLE, A COPY OF YOUR OUT-OF-STATE LICENSE(S) MUST BE ATTACHED TO THIS APPLICATION.

_____ LICENSE AND NUMBER	_____ LICENSE AND NUMBER	_____ LICENSE AND NUMBER
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Listed employer or customer references may be sent forms to attest to the truthfulness of all statements on this application and the same must be returned to this division, properly notarized, before action will be taken on this licensing/test application, if requested.

STATE OF RHODE ISLAND

PROVIDENCE COUNTY

In _____ on the _____ day of _____, 20_____,
before me personally appeared _____ to me known and known by
me to be the party(ies) executing the foregoing instrument, and he/she/they acknowledged said instrument, by
him/her/they executed, to his/her/their free act and deed.

Notary Public

My Commission Expires: _____

APPLICANT’S SIGNATURE _____ **DATE** _____

If you fail to pass your examination, you may request a review of the same, **in writing**, to the Division of Professional Regulation, within thirty (30) days of failure notice.

LICENSE CATEGORY	ANNUAL LICENSE FEE	APPLICATION/TEST FEE	
TELECOMMUNICATION SYSTEM CONTRACTOR	\$120	DATA	\$ 36
TELECOMMUNICATION SYSTEM TECHNICIAN	\$ 72	SOUND	\$ 36
TELECOMMUNICATION SYSTEM LIMITED INSTALLER	\$ 36	TELEPHONY	\$ 36
TELECOMMUNICATION APPRENTICE	\$ 24	VIDEO	\$ 36